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CONFIRMATION NO. 1828

|   |   |                                   |  |   |                                    |
|---|---|-----------------------------------|--|---|------------------------------------|
| <b>SERIAL NUMBER</b><br>09/977,066  | <b>FILING OR 371(c)<br/>DATE</b><br>10/12/2001<br><b>RULE</b>   | <b>CLASS</b><br>435               | <b>GROUP ART UNIT</b><br>1636  | <b>ATTORNEY<br/>DOCKET NO.</b><br>16095.002 |                                    |
| <b>APPLICANTS</b><br>Kent B. Thudium, Oakland, CA;<br>Mark Selby, San Francisco, CA;<br><br><b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/240,502 10/13/2000<br><br><b>** FOREIGN APPLICATIONS *****</b>   |   |                                   |  |   |                                    |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR<br/>COUNTRY</b><br>CA | <b>SHEETS<br/>DRAWING</b><br>6   | <b>TOTAL<br/>CLAIMS</b><br>31               | <b>INDEPENDENT<br/>CLAIMS</b><br>4 |
| <b>ADDRESS</b><br>CHIRON CORPORATION<br>Intellectual Property - R440<br>P.O. Box 8097<br>Emeryville ,CA 94662-8097  |   |                                   |  |   |                                    |
| <b>TITLE</b><br>CYTOMEGALOVIRUS INTRON A FRAGMENTS  |   |                                   |  |   |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>1452  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                    |